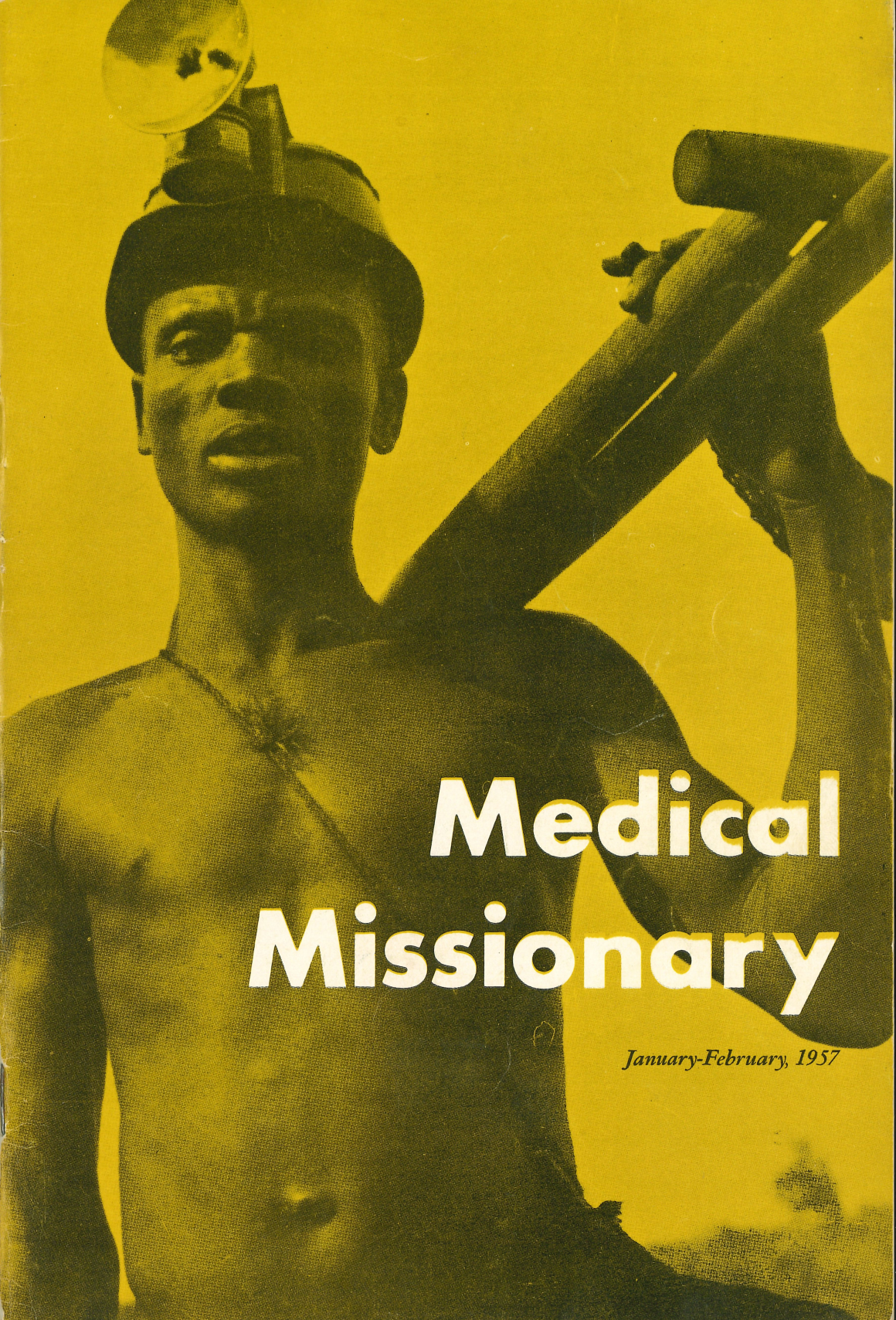

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the medical missionary

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SOUTH AFRICAN DILEMMA

Sr. M. Angelica

The situation in South Africa today is more complex than it seems at first sight. It is a most difficult one to untangle and the problem almost seems unsurmountable: close to ten million Black and Brown people there are denied the most elementary human rights by a white minority of about two and a half million, who sincerely believe themselves to be a "chosen people"—divinely chosen (because they are white) to be the ruling people in the land, Moreover, the government is totally dedicated to a strict policy of apartheid, or compulsory segregation — separate franchise laws, separate marriage laws, separate housing laws, separate school laws, transport laws (white busses for White people, black busses for Black people). Surely this is a great dilemma, and if our sympathies naturally run toward the African, we must at the same time take into consideration the viewpoint of the white Afrikaner, or South African Nationalist.

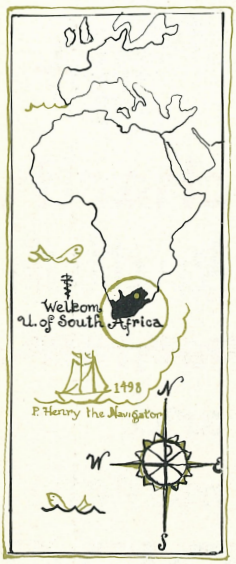
These White people are a hospitable people, God-fearing, industrious, with a magnificent pioneering spirit as their heritage. They have grown up with the idea that the Black Man is inferior, partly due to their religious tenets based on predestination. To imagine that the African can attain to a place equal to theirs is as inconceivable to them as it was for Americans in the South many years ago. Today, fear rules their hearts, an emotional fear of being swamped by something hostile to the white man's welfare. They are convinced that for them to survive, to keep their racial purity and color, they must dominate and take the total apartheid stand.

What of the darker side of the picture? The White man with his commerce and industries brought a new way of life to the African. He enticed him to come and build his cities, work in his mines, to become part of a European Organization. The White man whetted his appetite for everything that western civilization seemed ready to offer — education, health, a higher standard of living — and when he reached out his hand to take them, new laws of segregation and discrimination appeared, snatching them away from his grasp.

How long can this suppression of a whole people last? Will the end result be violence?

What about Communism? It is true Communism is outlawed in South Africa, but who can say that it does not exist? In a country like South Africa where there is a great deal of poverty, and where people are pre-

vented by law from enjoying certain basic opportunities, do not Communists try to capture all the organizations? They promise a new heaven on earth to their followers. We, of the West, know too well that their promises are "empty dreams, full of sound and fury, signifying nothing", but for the oppressed — any way out is worth a trial.



What is the solution and future for this South African dilemma? "Charity is essential to a Society that calls itself Christian", said His Excellency, Archbishop McCann of Cape Town. "This is the White people's great responsibility in South Africa, but the attitude at present is not charity, let alone justice. By Charity I mean consideration; a readiness to treat one's fellow man as a human being; to go beyond strict justice; it means giving and forgiving." But charity must be exercised towards all—the oppressed and the oppressor.

Only one thing can break down the unchristian barriers which separate brother from brother—a Christian social order, wherein the rights of all will be fully recognized.

There is a sign of hope for South Africa's future. A small group has appeared on the political horizon. This group rejects the ideal of a separated or segregated society and advocates a "Common Society". They are convinced that total apartheid will never work. They feel that when fear recedes, the White minority will eventually recognize that the pursuit of racial purity does not lead to racial peace, that all groups need one another. This will not be a quick process, but in the meantime, he can hope, that Charity will prove to them that the Common or Christian Society *can* work — is working, in fact, as is seen from the following incident about our Medical Mission Sisters which appeared in a South African newspaper recently:

"As for the more fundamental problem of Black-White relationship, I feel it must and will ultimately be solved on the basis of the Second Commandment. A symbol of that solution and one of the things that impressed me most in South Africa, was the great hospital for the natives in Welkom . . . It was not only the beauty and efficiency of this hospital that made its mark on me, but the love, devotion and sense of vocation of the Catholic Sisters by which it is run that convinced me that here was a sign of the kind of enduring, contented and prosperous co-existence of Black and White which promises so much for the future." (From the DAILY MAIL, Johannesburg, 1/30/56, by Paul Bareau, Editor of the NEWS-CHRONICLE, London).

Let us hope in God's Providence it will come soon and peacefully.

South African KALEIDOSCOPE

Sr. M. Campion, R.N.

The first thing we know of South Africa is that in 1484, Bartholomew Diaz, who was a Portuguese explorer, sailed around the Cape and back, and erected a cross there. He apparently had a pretty rough time on the notorious Cape-Rollers because he called it *Cabo Tormento* or "Cape of Torments"! When he returned, King John II thought otherwise of his discovery and renamed it *Cabo de Bona Esperances,* and "Cape of Good Hope" it has remained to this day.

Up until the end of the Sixteenth Century the Cape remained an important port of call, and British and Dutch vessels also put in there to refuel and re-stock before sailing on to India. They found the sorrel of the Cape good for scurvy, the scourge of early seafarers, and they bartered with the Hottentots, the only inhabitants, at this time, for cattle and food.

The first settlement was actually the result of an accident. A Dutch East India vessel "Haarlen" was shipwrecked. The survivors spent five pleasant months on the Cape awaiting rescuers. When they returned to Holland they suggested that the Company set up a small community there to farm and supply the needs of their trading ships.

On April 6th, 1652, Jan van Riebeck landed with 120 persons and the tempestuous history of South Africa began with all the present problems having their roots in these early days. The Hottentots used to come periodically to Table Mountain for pasturage, and they were welcomed for the sale of their cattle, but they found that their valuable grazing lands were gradually being acquired by the Dutch for their gardens and farms. They retaliated by the only means at their disposal and tried to make life unendurable for the intruders by plunder and murder. The Dutch resorted to arms and within ten years, the Hottentots were forced to recognize the occupation, but they asked pertinently — if they went to Holland would they be able to take all the land they wanted?

These were the first natives of South Africa to undergo a process of occupations, resistance, war and conquest, ending in dispossession. They gradually took service with the Europeans who thus seemingly solved both their difficulties of land and labor.

Already — for the dirty and heavy work of the company and for the labor on the farms — slaves had been imported from the East Coast of Africa. Inter-racial marriage was not frowned upon but, in these cases, profession of the Christian Faith by both parties was demanded. It was a mixture of Hottentot blood, together with that of the freed slaves and Europeans which formed the basis of the Cape Colored Race — or "God's Stepchildren" as they are sometimes called. These form a section of the population all their own in South Africa, having certain privileges in Edu-

cation and Trade still denied the Bantu. By the middle of the 18th Century, marriage between Europeans and freed slaves of *full color* was prohibited. The slave eventually came to be looked upon as a definitely inferior being and this, as decreed by Almighty God . . . "convinced that God in His Wisdom has decreed that there shall be different racial, linguistic, and color groups in the world, and the distinction between these cannot be erased without damage to the highest good of all . . . " to quote a statement issued by the Dutch Reformed Churches in South Africa in 1931, and referring nowadays to the whole Bantu population.

To go back to the Seventeenth Century, as the demands of the Cape market increased, the early Dutch settlers turned to cattle-farming and became the first Boer Trekkers going further North and East in search of fresh pasturage for their increasing herds. The Dutch East India Company was not interested in colonization and no effort was made to establish real farming. There was always more land further afield, and the Boers became a race of hardy, nomadic, independent farmers. Calvinists as they were, their only book was the Bible, and the Old Testament especially appealed to this rugged, pioneering way of life. Soon, they came to look upon themselves as the "Chosen People" having patriarchal sway over all other people with whom they came in contact.

During this trekking process, the Boers came in contact with another early inhabitant — the small Bushmen. These held that land was for the use of all men, and fought tenaciously for their hunting sites, but the Boers had better weapons and the Bushmen were driven out into the Kalahari Desert where, to this day, they live a nomadic and meager existence and are dying out as a race.

Next, in the last quarter of the 18th Century, the Boers met the Bantu, who numbered millions where the Bushmen and Hottentots had only numbered thousands. These had migrated from Northern and Central Africa over hundreds of years and had settled as far south as the Great Fish River. They were an agricultural race with well-developed social and tribal ways and from now on the Dutch Boer Trekkers began a struggle which lasted over 100 years and entailed much bloodshed and bad feelings on both sides.

To add another group to our rapidly increasing number in South Africa — many French Huguenots came to this country when they were expelled from their own for their Protestantism. These have always got on very well with the Boers, having similar religious and social convictions. Both were of the "reformed" Churches and anti-Catholic, which accounts for the fact

that Priests were not allowed into the country until the early 19th Century.

Towards the end of the 18th Century, the Batavian Republic was established in Holland as a client of France. England, then at war with France, was automatically at war with Holland too. At the Cape, the Dutch garrison surrendered in 1801. At the peace of Amiens in 1802, it was restored, but next year there was war again and in 1806, the British fleet arrived once more and the Cape passed finally from the Dutch to the British.

As a matter of fact even in the early days, the Boers were never willing subjects of Britain. The British were a colonizing nation and, although they only looked upon the Cape as one of their outposts, they brought with them their administration and ideas of justice and determination to put these into practice. Resentment flared up and led to the Great Trek in 1835. There were three main reasons for this:

First, the problem of the Frontier. The relationship between the Boers and the Bantu tribes had become pressing.

Secondly, the Boers resented rule. The British wanted to pin them down to land laws and boundaries by setting up frontiers. The Boers would acknowledge no boundary or previous occupation of land and could not see why the British should bother about the rights of the Bantu.

But the third and main reason, although actually all three are closely interwoven, was the passing of the Bill for the emancipation of slaves throughout the British colonies which became effective in 1834, and the securing to the Hottentots of their rights as free subjects. The Boers regarded this an "An intolerable doctrine that Heathen Blacks and Christian Whites should be placed on an equal footing." And

(left) Boer women encourage men to persevere. Voortrekker Monument, S. Africa.

(below) To the city to seek their fortune.

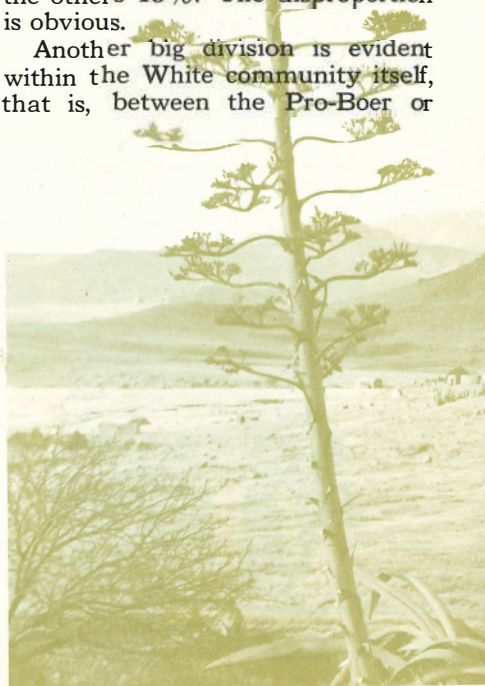
besides, in losing their slaves they were losing property and the compensations paid were deemed inadequate.

And the Great Trek North began. Between 1836 and 1840 some 7,000 Dutch farmers with their families crossed the Orange River, thus going beyond the confines of the colony, and settled in what is now the Orange Free State. Others went further and crossed the River Vaal into the territories now known as the Transvaal and the Natal. Boers were moving into territories regarded by the Bantu as their own. This led to fresh encounters and wars with the native tribes who were naturally incensed at being forced into smaller and smaller areas. One tribe alone retained its independence at this time by appealing to Queen Victoria and became a Crown Protectorate. This is now Basutoland. Two others followed this example but did not succeed in getting quite as much freedom in land and government; these are Swaziland and Bechuanaland. The remaining areas occupied by the Bantu in South Africa are native reserves as Zululand, Pondoland, etc., and are administered by the Union Government.

After the Boers had settled in the three areas of Natal, Orange Free State and Transvaal, the British followed them up and annexed first Natal, then the others in succession for the British Crown, withdrawing from the Free State and Transvaal in 1854, when these became independent of British control. During their 50 years as Republics, the Boer policies towards the Bantu gained strength. Everywhere there was a sharp distinction between Black and White. The Native could not own any land except in the small native reserves; they were taxed so that they had to seek employment; certain pass restrictions were made which theoretically tied their labor to the land and in practice was a cause of their extreme hatred for the White man.

Then at the end of the 19th Century, diamonds were found in Kimberley and gold in the Transvaal. Britain managed to obtain possession of the diamond fields and, as it already had retained control of foreign policy in the Transvaal, attempted to annex this republic. War was declared three years later and ended in victory for the British. In making peace with the Boers, Britain was forced to respect their prejudices with regard to the Bantu, although in her own Cape Colony she had granted no distinction merely on the grounds of color. At the Treaty of Vereeniging which ended the Anglo-Boer War in 1902, the Boer leaders absolutely refused to insert a clause to this effect. The 1950 figures show four groups of people classified under four racial heads: Africans: 8,500,000; Whites: 2,600,000; Cape Colored: 1,000,000; Indians: 360,000. Of these, the whites own 87% of the land and the others 13%. The disproportion is obvious.

Another big division is evident within the White community itself, that is, between the Pro-Boer or



Afrikaner, and the British parties. The British control the finance, the industries, and the mines, while the Afrikaners own most of the land and at the moment, control the country's policy. The British policy on the whole is more liberal and inclined to help the Bantu to adjust to European ways, while the Afrikaners consider them inferior and ordained by God to remain subservient to the White Races. The Afrikaners are agreed that while the Bantu should "... serve his own community in all respects, there is no place for him in European Society above certain forms of labor." (Bantu Education Bill, 1952). This inevitably means he must work only in an unskilled capacity, without a chance to rise, in European areas, as his own territories are inadequate to develop. Of course, one finds individual views on both sides.

At the moment the Afrikaners are very much in the ascendancy. Fearing that they would be swallowed up by the British South Africans, they began a Nationalist movement which terminated in the first All-Afrikaner Congress in May 1948, under the leadership of the Prime Minister, Dr. Malan. The Nationalists have been in power ever since. From the beginning Dr. Malan, openly declared his aims: 1) white supremacy and apartheid; 2) Afrikaans to be the spoken and official language; 3) The Union to be a Republic outside the Commonwealth.

When late in 1954, Johannes Strijdom succeeded Dr. Malan, many people asked if Mr. Strijdom would adopt a different attitude toward the racial policy. The answer is, no. If anything the laws have been made more stringent in that regard. The recent Bantu Education Act is an example. This act calls for a withdrawal of all public subsidies to mission schools by the end of 1957. They hope by this act that the mission schools will have to close down and thus the government would have complete control of the African's education. Hitherto the African has been allowed to take the same examination as Europeans or White South Africans, but this act would set them apart to be educated only for a subordinate place in society.

However the Catholic bishops jointly decided, at the cost of almost insuperable obstacles, to support the mission schools for the Bantu themselves—in order to maintain the Christian principle that the parent has the right to decide on the way the child is to be educated.

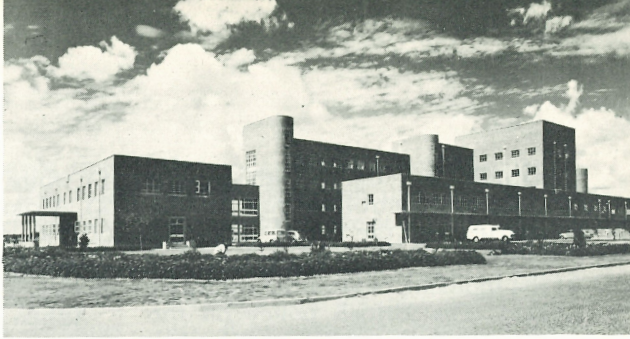
Another important apartheid law, called the Group Areas Act, was passed five years ago. Its aim is to designate every single inch of South Africa for occupation by one of the four races—labelling it for Whites, or Coloreds, or Africans, or Indians. An attempt will be made to keep the territory exclusively for the race for which it is labeled.

And then there is the "Pass System". This prevents any African from going anywhere other than his place of residence and work without a written authority from his em-

(Continued on Page 32)

Basutoland.

Apostolate in the Mines



New Mines Hospital, Welkom, South Africa

Sr. M. Dominica
Sr. M. Gerarda

One of the most interesting of contemporary paradoxes is that of the land of South Africa — so small, dry, and frugal, and yet it bases its economy and prosperity on glittering gold and diamonds, found deep within its earth's surface. South Africa produces nearly half of the world's gold and a major share of its diamonds. The gold industry is the most important, giving employment to 40,000 white people and to over 225,000 Africans in the mines.

The Orange Free State mines are a new and sensational phenomenon. Their discovery in 1947 has been called "the greatest gold rush in history." The chief company operating the mines in this locality is the Anglo-American Corporation headed by Sir Ernest Oppenheimer. Its largest mining town, Welkom, did not even exist in 1947 — the area was just long bare stretches of dry veldt. Today the city has a population of 35,000 Europeans and 70,000 Africans. It is expected to grow to no less than 400,000 in a few years.

Welkom mines are deep, some of the deepest in the world—going down 8,000 to 9,000 feet. Mining at such depths is expensive, and difficult. Serious problems have to be faced — haulage, proper ventilation — the health of the workers. Within a couple of years the Anglo-American Corporation began the construction of a large hospital for African miners. As soon as His Lordship, Bishop Norbert Van Velsen, O.P., heard of this venture within his Diocese, he suggested that perhaps Catholic Sisters could be found to operate it. And in 1950, the Medical Mission Sisters of the Dutch Province were found willing to come to Welkom. The first three Sisters sailed for the Gold fields in January, 1951.

It was the fifth of March before the Sisters actually could move into the partly finished 300-bed hospital. As in all pioneering, there was not much furniture—a few beds, an ice-box, an electric stove, and a wooden box to sit on. However, the Bishop provided everything for Holy Mass and the next morning the first Mass was said, and the Lord Himself moved into the Chapel. When Sr. M. Anna, the Superior, arrived from Holland by plane that afternoon, the little community was ready to start transforming the large, cold, empty structure into a functioning hospital for African miners.

Today, this modern hospital has over 500 beds, always full.

Two wings are being added to give it a 750-bed capacity. Recently a new department was opened for women and children living in the mine villages or "locations" near the mines. This is an innovation. Usually the men cannot bring their families to live near by. The Oppenheimers hoped that at least 10% of the labor force at Welkom could be permanent, but the government cut this down to 3%.

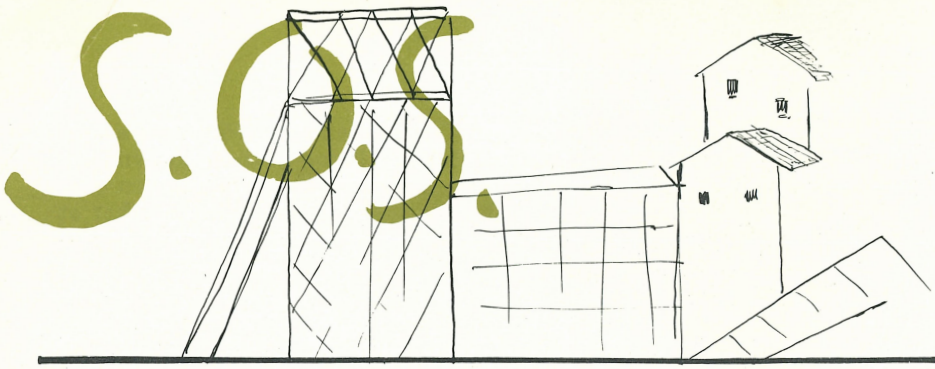
The simple part of caring for the patients at the hospital is done by orderlies, the rest by the 20 Dutch Medical Mission Sisters stationed there. The Sisters, one might say, are part of an industrial system, which could be cold and hard, but they do not find it so, although very exacting. Their part is to meet directly the needs of thousands of miners—men who have malaria, hookworm, pneumonia, meningitis, abscesses, boils,—men who get involved in all kinds of minor and very serious accidents. The majority are not educated or skilled. Most of them meet modern civilization for the first time when they come to the mines for a certain period of labor, usually for nine months.

Certainly there is a great opportunity to do good here. No doubt, material and bodily needs absorb the patients to such an extent that the Sisters' way of life is beyond their comprehension. The Sisters can only hope that during their stay in the hospital, these miners from the Bush may experience in some way, that there is a goodness beyond mere human goodness—a Christian goodness, not just an enlightened one applying knowledge and skill—but a mature goodness distinct and different from that natural goodness stimulated by reason, which is a treasure all primitive peoples possess.

We are all familiar with the light of the waving oil-lamp, or soft, mellow candlelight, neon lights, the glow of white-hot metal, and even the blinding flashes of light from powerful modern industrial machinery. Yet, we never compare any of these to the far-reaching abundant light of the sun, which we usually take for granted. So too, here in South Africa, Medical Mission Sisters are not bothered as to whether their patients appreciate the light of their good works or not, if only they can open their eyes to a glimmer of God's abundant goodness and thus thank Him from Whom all goodness flows.

"So let your light shine before men, that they may see your good works, and glorify your Father Who is in heaven."

Sr. M. Thecla, R.N., giving physical theraphy to an accident patient.



5000 ft. below!

Sr. M. Felix, R.N.

Dzzzzzzzzzt! . . . . . Down the mine shaft the cage goes at 60 miles per hour.

Each member of the mine's first-aid team knows that an underground emergency is no sinecure and that every minute counts!

Today's accident case is a young man from Central Africa. As eye-witnesses told us later, he was waiting in the base of the shaft, for the "skip" which transports materials, to come down. Looking up impatiently into the dark tunnel above, he drew back at the moment the "skip" came in sight—but too late! It caught him by the neck.

Unconscious, deeply shocked, bleeding profusely, he was breathing only through a traumatic tracheotomy.

There was no time to lose! Some local pressure was quickly applied and, on a stretcher produced from one of the numerous first-aid boxes, the man was taken up to the surface resuscitation-center for the necessary bandaging and cover-up.

A waiting ambulance drove him full speed to the hospital, already informed of his arrival.

This time the clerical staff did not bother about papers to be filled out on admission, but swung the doors open wide for a *direct line* to the O. R. theatre. There was no thought either of transporting the patient to Johannesburg, 200 miles away for specialists; the hospital staff had to deal fully with this precarious case and they made a splendid job of it too!

Found, was a 6-inch laceration across the neck, cutting pharynx, esophagus, and trachea right through, revealing the spinal column! As his head was bent backward the main vessels and nerves were still intact.

Reading the case-notes later it all looks so simple:

Blood transfusion.

Repairs done.

Tracheotomy and gastrostomy performed and oxygen given through the tracheotomy tube.

But to find one's way into this bleeding mass of severed tissue, trying to save what could be saved, and to do all this in the shortest possible time, demanded intense concentration, clear vision, and skilled hands!

Nasoni (the Nyasa equivalent for Nelson!) had a narrow escape, but after admission into the ward, he began, through ups and downs and many an anxious night, to work his way back to normal.

The day he managed (all grin and smile) to plug the tracheotomy tube with his finger and say a sweet voiced: "Good morning, Sir!" to his doctor, was a great victory, worthy of celebration with sweets and cigarettes.

By and by, the extra air—and food-ways were closed, leaving the scars to rival decorative tribal marks!

Incapable of further work in the mines, Nasoni left us and the gold fields after three and a half months, a happy, grateful man, amply compensated for his invalidity. The doctor's farewell present was a picture, taken while the operation was in full swing. This picture was purposely given to him, to convince his people back home that the cancellation of his contract was an absolute necessity and that nobody could blame him for coming home before he was due!

Nasoni's case is an isolated one, as are most of the major accidents.

But once in a while, we have to meet what we call great emergencies, for example, severe burns (80 - 90% in some cases) that come 20 or more at a time, demanding a tremendous amount of medical and nursing care.

"Food-poisoning" in one of the compounds, brought 73 patients to the hospital in one night, in various states of collapse and misery.

At such times the hospital is turned into a Red Cross lazaret, with patients made as comfortable as possible on floor-mattresses, I.V. drips hanging over their heads, on radiator-knobs! Every square inch is thus filled to capacity.

Or can you imagine anything like getting about 200 noisy, excited patients in at the same time? Only an occasional one feels ill. The majority are cross and hungry and see no point whatever in "being forced" into the hospital. These are the "gas cases". This happens when nitrous fumes escape in underground areas and everyone that might have been exposed to them must be admitted for at least 24 hours observation.

No food is allowed for the first six hours, a constant *cause of war*. This is to give the lungs, by keeping the diaphragm flat, a chance for full expansion. Severe gassings are often fatal but some get through, with A.C.T.H., penicillin, stimulants, and that wonderful pneumatometer of ours which gives oxygen, artificial respiration, and suction at the same time!

Knowing all that can happen deep below the surface, where the gold is drilled from the hard and stony rocks, where new shafts are sunk and the heat is exhausting, the hospital stands by as soon as the "S.O.S. comes from underground, prepared for . . . well . . . anything!

Zulu

Signs by which to

When one first goes to Africa everybody looks alike, just a row of white teeth in a brown face and a fuzz of hair on top! Soon it is easy to distinguish between one person and the next and to call each by name. Later it begins to strike you how very different every individual is, and you wonder how it was you ever mixed them up before.

At least that's how it was with me, and then something also struck me as odd. I would hear a voice shouting "M Pondo!" or "Xhosa!" down the ward. At first I thought these were names until it dawned on me that if so, dozens of people had the same name. I soon found out that they were the different tribes.

"How do you know that this man is a Xhosa and this a M Pondo?" I asked, bewildered, and looking at the two men. (Both wore their hair long and hanging on their shoulders, and to tell you the truth I had thought they were women at first!)

They all laughed, and the orderly explained that the Xhosa had the tribal amputation of the little finger at the distal phalanx, while the M Pondo had eight small blue dots tattooed on each cheek below the eye.

So began a new game—trying to guess the tribe of each patient on admission. Of course those who had lived in Urban districts all their lives and had been educated had lost this individuality and looked alike, but then so did the others to a novice like me!

The Bacca were the easiest. They have peculiar horizontal lines on their cheeks which succeed in giving them a rather sad expression.

As far as I could find out the Basuto have little to identify them except that when they pierce their ears, they make a very small hole, but you could usually recognise them as they have a lighter skin. (Once a clerk came and asked me if I had seen a man with a brownish complexion. This is Africa! But the color does vary.)

The "tropicals", that is those from Nyassaland and Northern Rhodesia, are very dark, as also are those from Tanganyika. Many of the latter have their teeth filed to a point and their hair longer and fuzzed straight up. This is sup-

Xhosa

know them

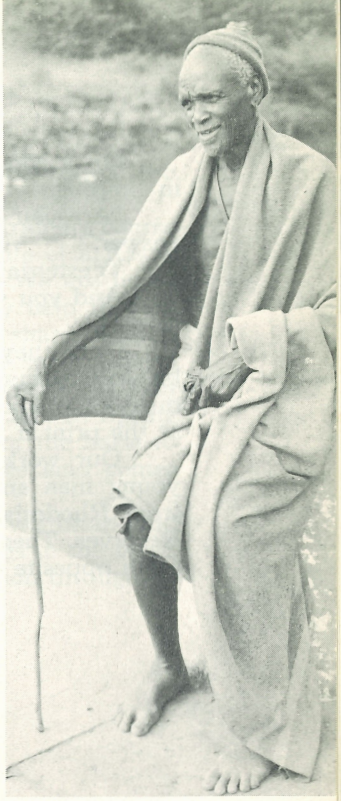
Sr. M. Campion, R.N.

posed to make them handsome, and it certainly distinguishes them! One of them had small star shaped scars on each temple which was the result of native medicine for a headache, and it really was pretty. (Much of the native medicine comprises small cuts made by the witch doctors over the site of the pain, accompanied by incantations to relieve the evil spirit and some concoctions rubbed into the wounds to keep them open.)

The M Pondos usually have the small dots on their cheeks and wear their hair about three inches long in small braids, very often neatly arranged up the head in three ascending tiers, but sometimes it is very long and taken up at the back in a sort of comb. (These are men in case you are wondering!)

The Xhosas can wear theirs very long in a million small braids too, but more often they seem to shave various parts of their head leaving only a fuzz of hair in odd places. This succeeds in making them look grotesque at times. For instance, one man had left an inch broad line of hair stretching from the nape of his neck to the middle of his forehead. Another had a cute little pompom just above each ear, and another had just one strip reaching ear to ear across the top . . . In each case the rest is shaved. Both the Xhosas and the M Pondos seem to go in for heaps of jewelry—huge bits of bamboo stuck through their ears, and dozens of copper bracelets and anklets and waistlets to keep off the evil spirits.

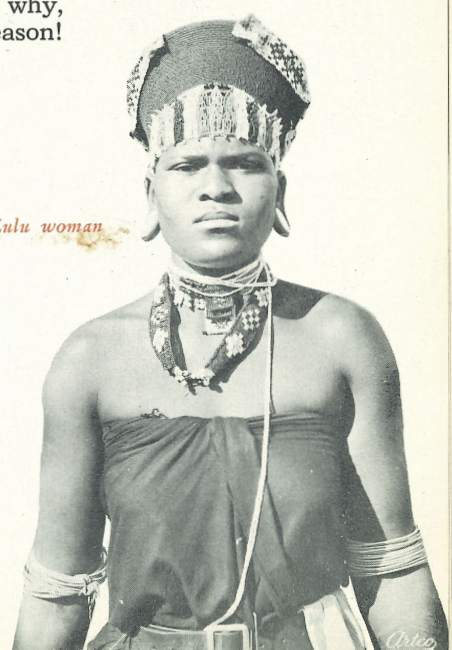
This gives you a small idea of some of our patients, although one needs to live in Africa a longer time than I have, to get to know when, how, and particularly why, they do some of these things. There must be a reason!



Pondo

Basuto

Zulu woman



On a Monday morning our valiant crowd of orderlies usually come in limping.

"Are you hurt, Mofokeng?", you ask one, but you already know the answer.

"Yesterday we played football, Sister."

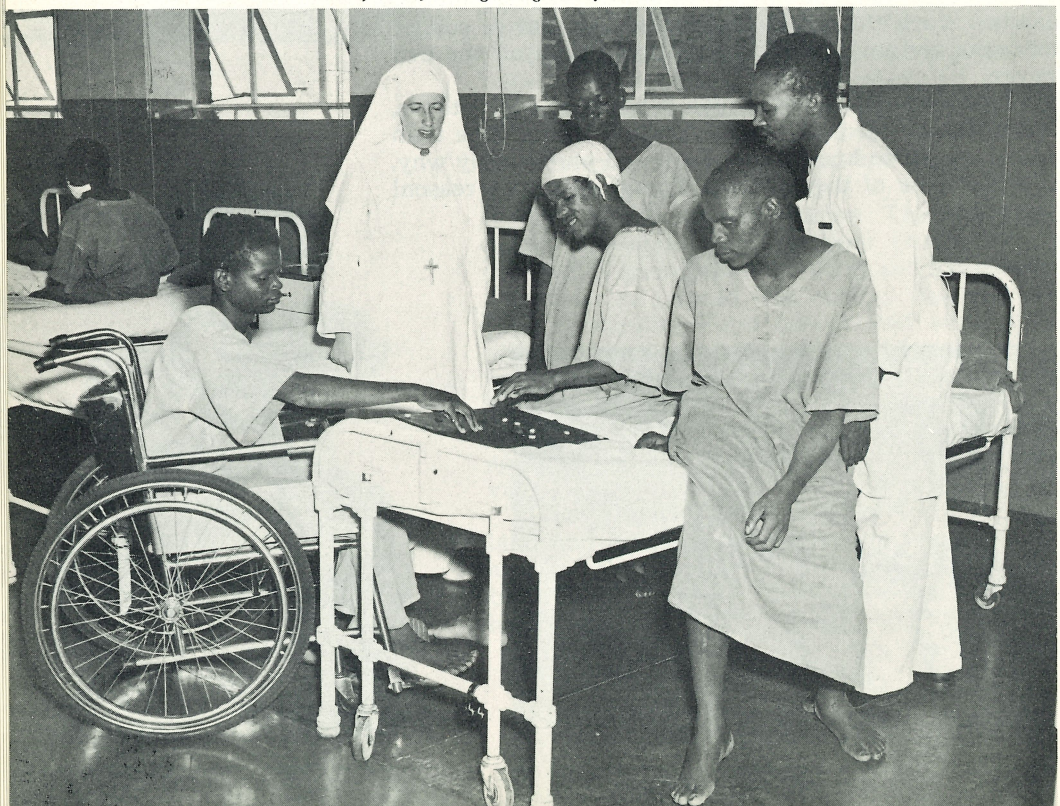
And you wonder whether it is worth it . . . (Light work for the next week!)

Once they brought home a cup. It is a prize possession, the first to be won by our staff. It is a lovely trophy in silver and we thought they must have won a few matches at least. But no! When we looked closely at the print it said, "For Good Behaviour on the Field." Bless them.

Our work among the orderlies is really a major problem. We get young men and boys from various parts of the Union of South Africa, from Rhodesia and Nyassaland and from the Protectorates and Native Reserves. These bring with them their tribal customs, sometimes the complete opposite of ours. For instance, when they open a door for you they

Lead us not

Sr. M. Edith, R.N., arranges a game of checkers in the ward.



will probably push in front to precede you in, for no one walks behind the Chief.

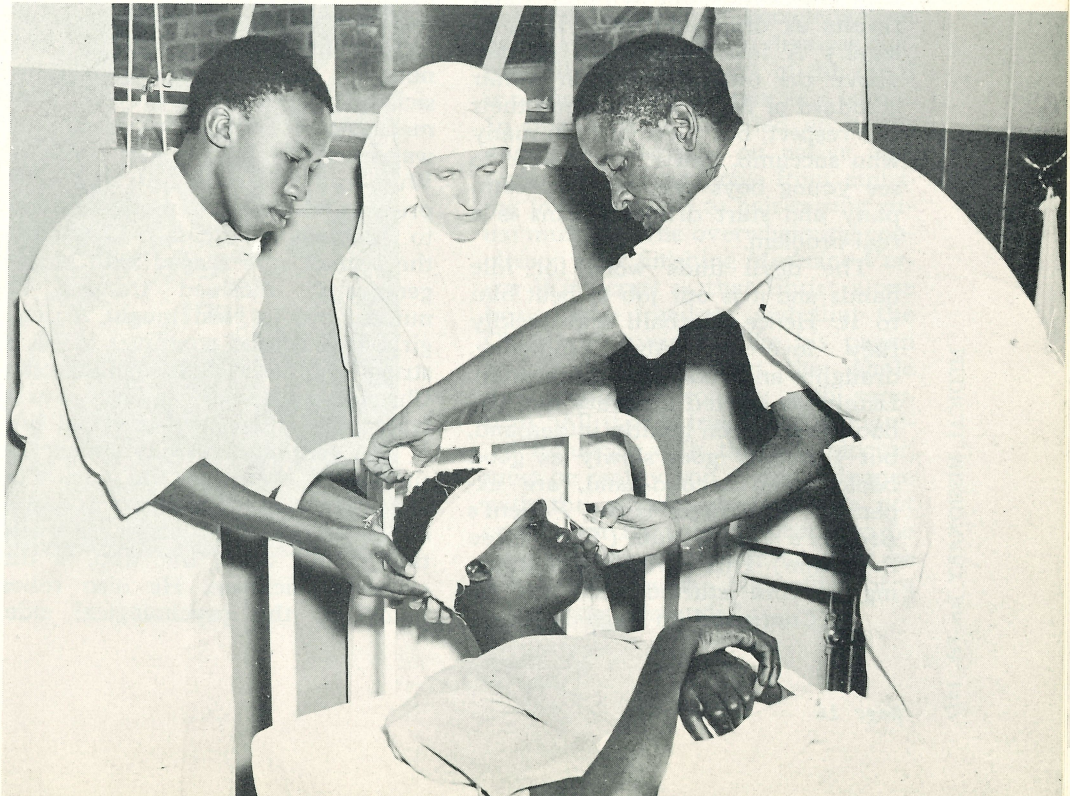
Often the young boys who take the two year Orderly's training course required by the mines come from the simple well ordered life of a Kraal, where they have probably attended a small mission school. We are lucky if they have their Junior Certificate. As they grow up they help to look after their family's patch of mealies or corn, and take their share in tending the cattle so dear to the African heart. For them cattle spells wealth and good marriages for the sons, although in Basutoland, where many of our orderlies live, nearly all the men ride and own a pony too. In Spring they always want to go home for the planting, in Autumn for the harvesting; and although this leaves us short at times, to them the land comes first, otherwise how could the family live?

It's interesting to know, too, that the families only own their land from seed time to harvest, and the rest of the year it belongs to the chief. This is one of the many contributing causes for the soil erosion throughout

into temptation

Sr. M. Campion, R.N.

An orderly dressing a patient in the ward. Sr. M. Vincent, R.N., supervises.



Lead us not into temptation

(*Continued from Page* 15)

the native territories, as the chiefs don't like to see fences and hedges dividing their land.

Anyway it is often this simple life of cattle and crops, of village councils and small mission schools that many of our orderlies and cleaners leave to work for the mines. They find a busy modern world, and too often they see and imitate only the worst side of our Western civilization. Many factors militate against a young native worker's remaining unaffected by the new standards he finds around him. Lack of family life and stability are first and foremost. Then poor economic and social environments, bad example, various restrictions and an inability to better his condition, to a great extent contribute to make him discontented and finally to follow others little by little in drinking and fighting, gambling and smoking Dagga. (This last is the worst, as it produces the same symptoms and results as drug addiction. It is illegal.) A few do manage to rise above the others, to attain a fair standard of living and to keep their self respect, but there are too many who succumb, and it is a shame to see young boys get into bad company and start drinking. This is a real problem.

The devil finds work for idle hands and it is our job to beat him to it. Hence football! and luckily they love it. Also ping-pong, draughts and ludo are appreciated. Lately we started a library and the books have been greatly in demand, but this only goes slowly as good books, even second-hand, are expensive. Also there is the, *Patient's Brother's singing club.* (They chose the name) This is really a flourishing concern started and run by

(*Continued on Page* 32)

A Book-review: Medicine versus Wi

The Marianhill Missioners have been in South Africa since 1882. They have struggled, like all missionaries, against ignorance, superstition, and poverty. In 1914, they began a new and fruitful phase of their apostolate, "Let us invite to our missions the two daughters of Aesculapius, Hygeia and Panacea . . . Hygeia will care for a tidy village, clean water supplies . . . mothers trained in baby care . . . Panacea will take care of the sick in hospitals, clinics and first aid stations connected with our dispensaries." The purpose of this suggestion was to combat the unscientific and diabolical influence of the witchdoctors and thus give native converts a fair share of earthly happiness even while they strove for eternal salvation.

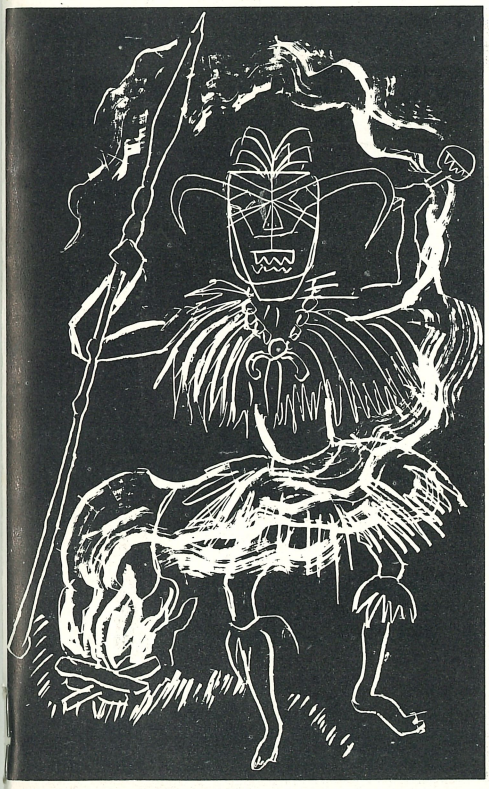
This ideal found expression in humble beginnings. A dispensary was built and saved many lives during an influenza epidemic, but it was not until 1925, that a resident physician came to direct the establishment. After 20 years of service he was succeeded by a doctor from the Wurzburg Institute. (At that time priests and sisters were not allowed to practice medicine.) Gradually the sisters, who served with heroic generosity, received training as nurses, and in turn taught African girls. It was, and continues to be, a struggle of scientific medicine under Christian auspices against witchcraft, long entrenched in tribal life.

This fascinating study shows the similarities between the two. For example, the witch doctor makes a casual diagnosis, although his question is not what, but who, is the cause of sickness. He also relies much on the psychological side,

chcraft by Rev. Francis Schimlek, C.M.M., Marianhill Mission Press. 164 pp.

medicine *versus* WITCHCRAFT

Sr. M. Julia



even treating the patient's shadow and photograph. Witchcraft is a perversion of religion and has two advantages for the witchdoctor or *isangoma* and his client. In a conservative tribal society, the only avenue for self-expansion is the profession of dealing with the spirits. A clever native can rise above the enslaved masses and enjoy authority and prestige. Another group of candidates for the profession are the mentally deranged, for madness is a result of the sub-human rites of treatment and divination. The client, be he a sick man, an unsuccessful lover, or a man with an enemy to be killed, will seek from the witchdoctor what most human beings yearn after—security, though the Bantu will try to control chance by magic. Ironically, the natives seek freedom by service to the powers of evil. True, some *isangomas* have a surprising knowledge of herbs and treat certain diseases successfully, but the mark of the devil is obvious on the system as a whole. In this book is included an abundance of anecdotes on native customs and superstitions, from amusing love remedies to hair-raising ritual murders. The overwhelming conclusion after finishing *Medicine Versus Witchcraft* is that Christ alone brings true freedom, and that the Christian physician, like his pagan caricature, must treat the whole man, replacing sorcery with sanctity: "All that is fraud, and demonical influence with the witchdoctor, must be reality and divine influence with the mission doctor. It is not enough for the mission doctor to be an efficient practitioner, he must be a holy man as the high office of a missionary demands."

Senkantane

A special man and special woman in the Basuto's tradition.

Translated from ONTMETING MET MARIA

All the Basuto's in South Africa know this story, but no one can say when it happened.

Long, long ago, even animals could talk. Men and animals lived together happily and harmoniously.

But one day, suddenly, a monster appeared on the earth. The earth shook under the dragon-feet of Khodoemo-doemo and the sound of his panting breath echoed from one mountain to another. Men and animals hid, but his piercing vision penetrated the darkest hiding places. As so many flashes of lightning, his long tongue shot out of his mouth, and each time somebody disappeared behind his razor-sharp teeth. From valley to valley he rampaged, until no living being could be found anywhere on the earth. At last, he was tired, and he slept.

Then came Senkantane, the son of a very special woman. He had escaped the all-seeing eye of the monster and had grown up in the deadly silence that had encompassed the earth during the slumber of Khodoemo-doemo. As he wandered through fields made desolate by the monster, he thought compassionately of the men and animals who had been slain. He pondered. He resolved . . . Yes, he would kill the monster, he, the son of the special woman.

He took a fearful sword-razor-sharp on both edges. Full of courage and determination to save his fellow creatures, he climbed to a mountain top. There below him lay the sleeping monster, the cause of all misery. Senkantane was afraid. He trembled. Would he have the courage? Suddenly his fear became anger, and his anger hatred. He picked up a rock. It whizzed through the air and hit the head of the dragon.

Khodoemo-doemo awoke with a deafening roar. Perceiving the escaped hero his eyes rolled in their sockets, and started far out of his terrible head. His tongue flashed out to catch Senkantane. But with each flash of the tongue the young hero struck with his sword. The tongue became shorter and shorter, the monster shrieked for pain and anger, and the earth shook and trembled for the piercing sound.

Foot by foot, Senkantane approached the terrible dragon until he stood undaunted before his hideous mouth. Weak and exhausted, the monster lay defenseless before the young man.

Senkantane ran around and put his sword into the enormous stomach. But he heard a soft voice, "Please do not stab here." He tried another place and heard, "Not here, either." Everywhere he heard the voice of a man or an animal.

What to do? With his sword he scraped over the skin, slowly going deeper. All was silent. Within, men and animals were in mortal suspense. The monster pulled and shivered for pain. The skin became quite thin.

Suddenly with an enormous crash the skin tore. A cry of joy rolled through the valley as men and animals poured out. The monster had succumbed.

There was dancing and singing and feasting in the valley of men that day. After the feast all were tired and fell asleep. Senkantane also slept, tired of the fight he had had. But in the silence of the night wicked voices sowed hatred. "He saved us to rule over us." "He wants to be king over us and to suppress us!" The whispering became talking, the talking changed to shouting and the shouting to senseless rage. "We don't want to be slaves! Never!" "He, our saviour, must die!"

They crept up to Senkantane, still tired and exhausted from his work for the people, and with the sword, red from the blood of the dragon, they killed their saviour.

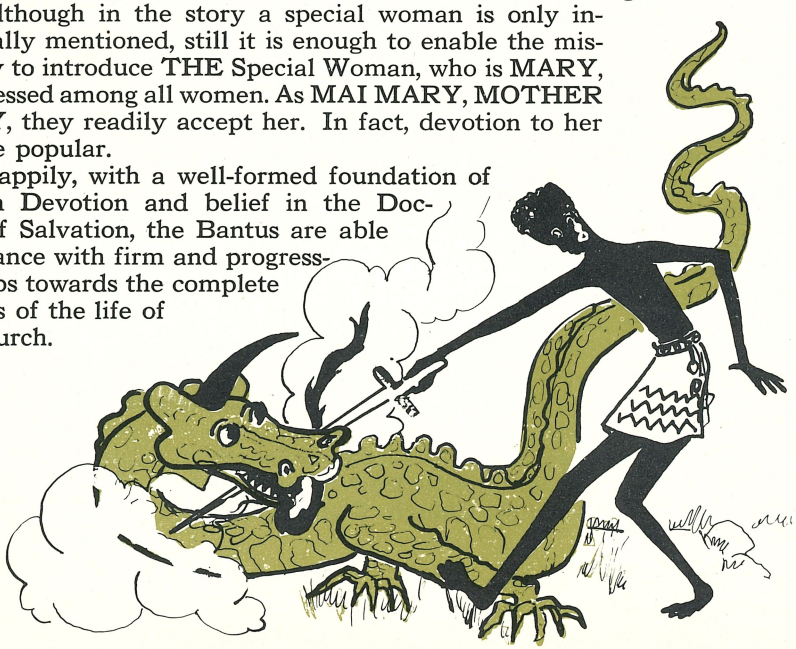
No one knows if this is a fairy tale, a saga, or a legend . . . Or if it is a remnant from the time when the Basutos were in contact with Christianity. It does not matter. What does matter is that it is dear and near to the Basutos. It is a story from their own culture, a creation of their own, which forms a natural approach to Christianity. The missionary talks about Original sin and the dominion of the devil, and they think of the dragon. He tells them of Christ's Suffering and Death; this too is not "new" to them. Senkantane also was killed. They listen, spell-bound; what this man tells them they understand; they feel it is something of their own.

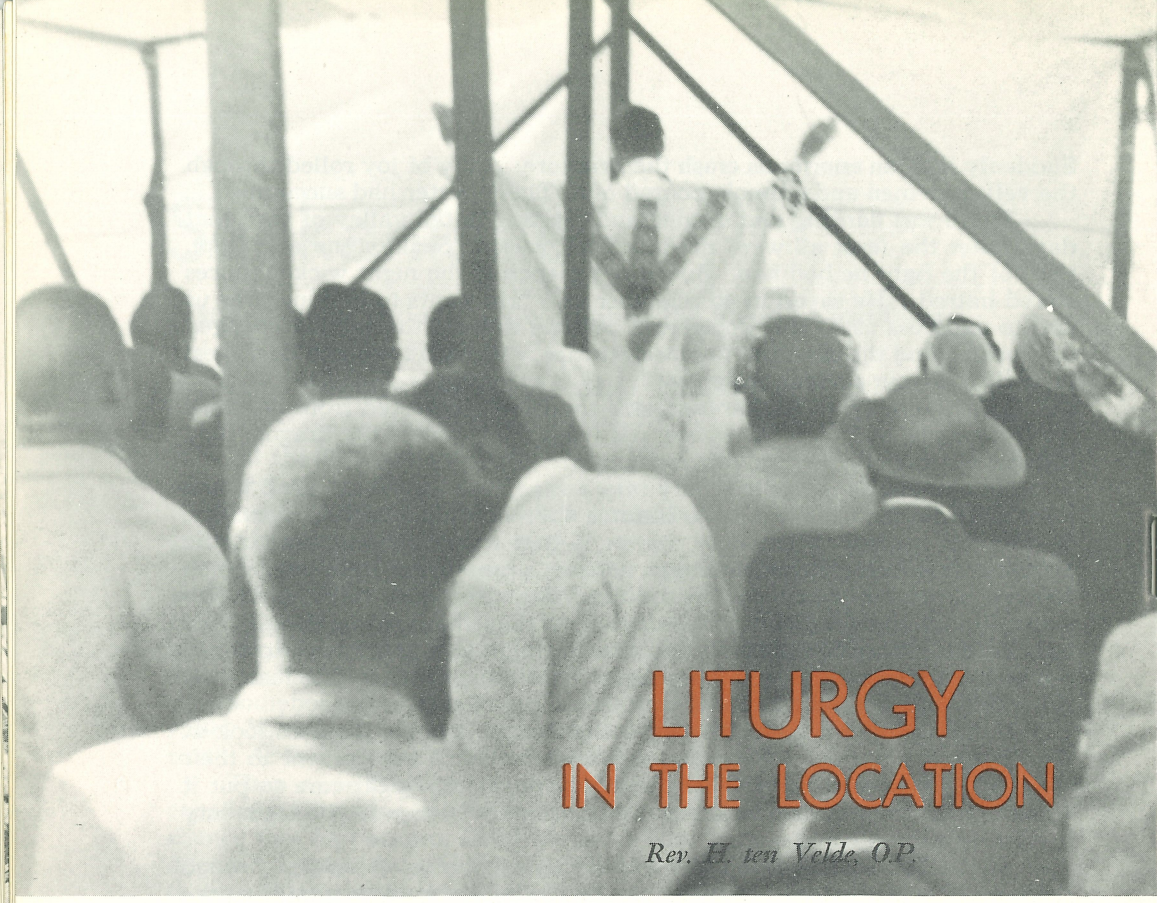
But herein lies a great danger — the danger that the Basutos look at the Christian doctrine of Salvation only as a welcome supplement to their story, and leave it at that! The missionary must take great care to put it wholly on a Christian basis. He must completely transpose the legendary myth to the *evangelical reality*.

As for Marian Devotion, the missionary again has an entree through the natural endowments of his people, but he must avoid leaving it to the natural sphere. The natural base for the tribal life of the Bantu is the family. Because in the family the mother holds an important place, the Bantu has a deep appreciation of motherhood. Generally the woman is not held in great respect; but for the woman as mother, he has a great reverence.

Although in the story a special woman is only incidentally mentioned, still it is enough to enable the missionary to introduce THE Special Woman, who is MARY, the Blessed among all women. As MAI MARY, MOTHER MARY, they readily accept her. In fact, devotion to her is quite popular.

Happily, with a well-formed foundation of Marian Devotion and belief in the Doctrine of Salvation, the Bantus are able to advance with firm and progressive steps towards the complete fullness of the life of the Church.





LITURGY IN THE LOCATION

Rev. H. ten Velde, O.P.

Coming to the missions in South Africa ten years ago, the one thing I thought I would miss was the liturgical life of the Dominican Friary.

And then I discovered another form of the liturgical life different from the monastic liturgy I was used to: the liturgy of the Location, or the Pastoral liturgy of the missions. This discovery gave me a much broader concept of the whole meaning of liturgy, or public worship, as something living, adaptable to a particular place and people. Here we are to build up the Church of God, to sing His praise, in the Bantu pattern.

In the beginning, I tried to introduce all the niceties of liturgical worship which we are used to, such as the perfect rendering of the chant in Latin, or a quiet Mass, but to no avail. The Bantu is not suited to these — although some things have been adopted by them: the Asperges before Mass on Sunday, sung by a whole Congregation of 1,000 people (and the Bantus know how to sing); the Churching of women; the blessing of the homes; and the monthly sung Holy Mass.

What do we mean then by "Liturgy in the Location" or in this Mission? In Welkom we have developed a Bantu liturgy, one might call it, in keeping with the tradition of the Church. Owing to the fact that most can neither

read nor write, at first, a Catechist used to explain the ceremonies of Holy Mass during the Mass itself, as the Sacred Action progressed. This took the form of the prayers of the Mass, some literally translated, some a shorter version.

As soon as the priest begins the Confiteor, the congregation prays the Confiteor in the vernacular. All the people know it by heart. During the Creed, the people pray the Apostles Creed in their own language, and thus it progresses, for the whole Mass — the people following the priest at the altar, reverently, intently, actively participating, in their Sacrifice and his. Usually when they sing at Mass, they sing Hymns that refer to the part of the Mass the priest is saying.

As soon as the decree, restoring the Vigil of Easter, was published, we introduced the Vigil into our mission and joined it with the yearly Baptism Feast of Adults. The success was tremendous. Easter is now THE FEAST of the year in our mission, as it should be. Baptism had always been the greatest day of the year in any mission among the Basutos. Coupling this with Easter has given even greater significance and meaning to both feasts.

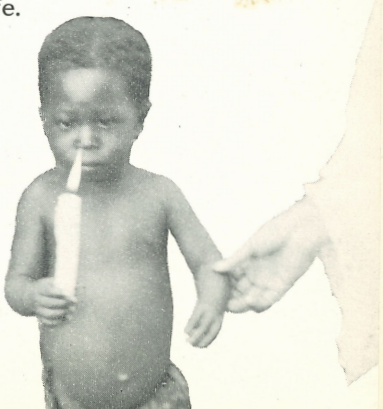
You cannot imagine this Easter Vigil without being present. We start at 8 p.m. with the Blessing of the Fire and the Light Procession. All those who are to be baptized (in 1956: 50 adults) are dressed in new clothes, the women in white. The four lessons are first read in Latin, and then in Sesotho with a short explanation for the catechumens. The remarkable fact is that the symbolic meaning of these lessons is grasped even by the children. Some time after Easter, I asked one child (10 years old) in catechism class about the symbolic meaning of the crossing of the Red Sea and to my astonishment the boy gave a perfect answer.

After the blessing of the baptismal water, the candidates are called to the Sanctuary with their godparents. Standing before the table, the usual profession of faith is made and the candidate is baptized. All the ceremonies after Baptism are performed and then the newly baptized is sent back into the Church: *Ite in pace* . . . "Go in peace." The second one is called, etc. As soon as the baptismal water touches the head of the first candidate, the whole Congregation bursts forth in the Baptismal hymn: *Ke mokriste* . . . "I am a Christian now, and this name is my greatest treasure and is the hope of my life," etc.

At Midnight, the Easter Mass begins, with the climax of First Communion for all the newly baptized Catholics.

For the Bantu, a religious ceremony can never last too long. In this, they certainly differ from us. A ceremony of four hours or more is better than one of just an hour! That is why the Easter Vigil has such an attraction for them. To have restored this vigil is the surest proof of the wisdom of Holy Mother Church, especially for us here, where the circumstances are more or less the same as in the early Church.

This is just a short article to give you some idea of what I call: living liturgy in the location. Perhaps it is not as perfect as in the friary where 100 monks sing the proper of the Mass and the Divine Office with the greatest perfection, but in my opinion it is a real, living part of the Bantu Christians' spiritual life.



United States

Motherhouse & Novitiate
PHILADELPHIA, PA.

Houses of Studies
WASHINGTON, D. C.
ST. LOUIS, MO.

Postulate
MOUNTAIN VIEW, CALIF.

Clinics
SANTA FE, NEW MEXICO
ATLANTA, GEORGIA

India

Hospitals
PATNA
MANDAR
NEW DELHI
BOMBAY
KODARMA
BHARANANGANAM
THURUTHIPURAM
CHANGANACHERRY

Novitiates
POONA
KOTTAYAM

Pakistan

Hospitals
RAWALPINDI
KARACHI
DACCA
MYMENSINGH

Indonesia

Hospitals
SURAKARTA
MAKASSAR
PARE PARE

Novitiate
LAWANG

Holland

Pro-Provincialate & Novitiate
HEERLEN

House of Study
UTRECHT

South America

Hospitals
CARIPITO
MARACAIBO

Africa

Hospitals
BEREKUM
KOKOFU
TECHIMAN
WELKOM

England

Novitiate
SOUTH SHIELDS

House of Study
OSTERLEY

NEWS FROM OUR HOUSES . . .

Indonesia

Congratulations

1957 started out with a historic event for Medical Mission Sisters—the Profession of our first two Indonesian novices on January 6th. It took place in the novitiate chapel, Lawang, Java, when Sr. M. Regina Soebeanti and Sr. M. Alberta Wirasutjitra dedicated themselves, by vows of obedience, chastity, and poverty, to help the sick and suffering in their own lovely Islands of Indonesia.

U. S. A.

Profession Ceremonies

The February Retreat this year was preached by Rev. Francis Larkin of the Sacred Hearts Fathers, Fair Haven, Mass. It was climaxed by the ceremony of First and Final Profession, in the motherhouse chapel on February 11th, feast of Our Lady of Lourdes, with the Rt. Rev. Msgr. Donald Cunningham of Austin, Minn., presiding at the ceremonies. On that day final vows were pronounced by five Sisters: Sr. M. Thomasina Heidkamp, of Chicago, Ill.; Sr. Marie José Arcellana, Manila, P. I.; Sr. M. Eileen Castellini of Cincinnati, Ohio; Sr. M. Marion Horne of Arlington, Va.; and Sr. M. Ronald Stevens of Pittsburgh, Pa.

(Below) the first two Sisters to leave for the missions in 1957 compare notes. Sr. M. Cephas, R.N. to Berekum, West Africa and Sr. M. Blaise, R.N. to Caripito, Venezuela.

Thirteen novices made First Profession in the Philadelphia ceremonies. They are: Sr. M. Corinne McKenney, Phila., Pa.; Sr. M. Cordia Maloney, Pittsburgh, Pa.; Sr. M. Bartholomew Connors, Oakland, Cal.; Sr. M. Benedicta Rowan, Phila., Pa.; Sr. M. Brian Seydel, Phila., Pa.; Sr. M. Francine Dean, Decatur, Ill.; Sr. M. Lucy Ruddy, Astoria, N. Y.; Sr. M. Philip Hornung, New Orleans, La.; Sr. M. Michelle Normand, Three Rivers, Can.; Sr. M. Robert Ryan, Everson, Pa.; Sr. M. Kieran Foley, Arlington, Va.; Sr. M. Patrice McSweeney, Maracaibo, Venezuela; and Sr. M. Paul Bazinet, Montreal, Can.

In the Missions

In the missions there were nine Medical Mission Sisters making final vows: Sr. M. Carmelita Jaramillo of San Luis, Colo. made Final Vows in Caripito, Venezuela; Sr. M. Lourdes Cosgrove of St. Albans, N. Y., Sr. M. Michaela Healy of Argentia, Newfoundland, Sr. M. Karen Gossman of Louisville, Ky., and Sr. M. Ruth Hurley of Southington, Conn. all made Final Vows in Pakistan. Sr. M. Carol Huss of Hammond, Ind. made hers in Patna, India; while down in South India the Syro-Malabar Province also had their profession ceremonies with Sr. M. Th. Leonie Thottathil, Sr. M. Th. de Sales Koothunkal and Sr. M. Th. Therese Marie Mattathil making vows for life.

England

Profession

On the other side of the globe, in South Shields, Co. Durham, Eng., Sr. M. Gabriela Maria Ehrlich of Klagenfort, Austria and Sr. Marie Vianney Inglis of Warwickshire, England had the happiness of pronouncing their first vows.

India

Training School Approved

"Counted among the many blessings we have received this past year in New Delhi is the recognition of our Training School. Our students are members of the Student Nurses Assn. here and they compete with other training schools in the area. It is good for them to get into healthy discussions on the ways and means to solve various nursing problems."

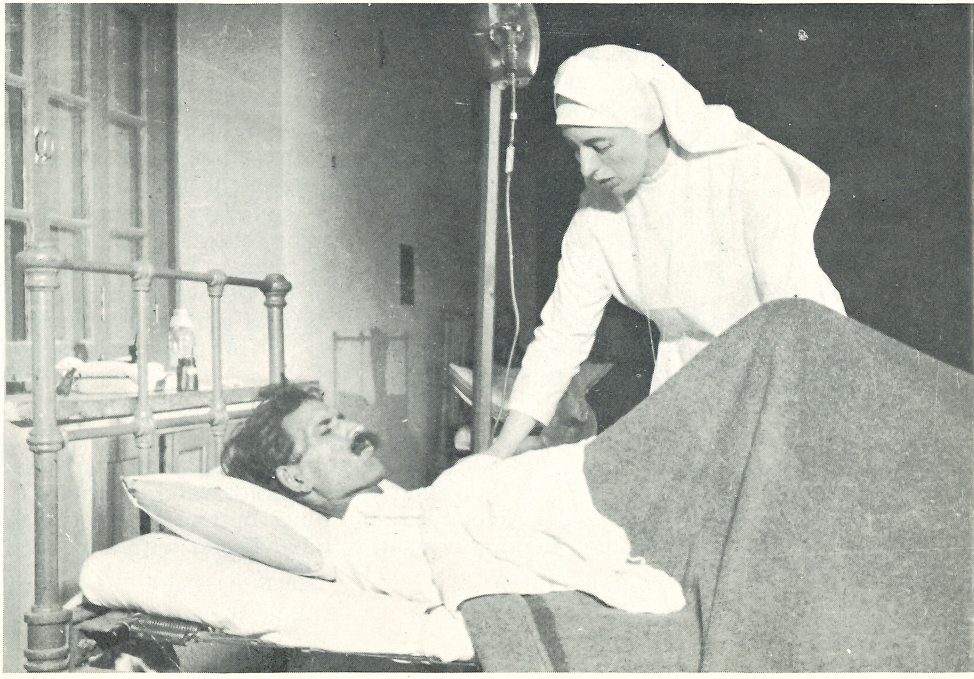
Sr. M. Felicitas, B.S.N.

Toe Work

"It's amazing how well and how much they use their feet over here, and their toes! I watched one novice churning butter. She used a small wooden 'barrel' with a wooden

Berekum, Africa—
Sr. M. Camillus makes
a wooden leg!

Rawalpindi, West Pakistan. Sr. M. William cares for a patient suffering from severe dysentery and malnutrition.



Dacca, East Pakistan. The Nurses' Training School at Holy Family Hospital, Dacca, also received official recognition last year.

lid to which was attached the paddle. Somehow or other, she had a string from the paddle attached to her big toe, and pulled the string with both hands. Once in a while the string *did* slip off her toe and she then would interrupt the churning to fix the string.

Sr. M. Bede, Kottayam, S. India

Trains for South India

"The long-desired railway service started on the 15th of October. The Railway Minister came for the Opening. The new line is to connect Quilon with Ernakulam in South India. Since some of the Indian Sisters had never seen a train, (although they had already seen a plane), Sr. M. Augustine sent the Professed Sisters, Postulants and Aspirants to the station for the Opening of the Railway."

Sr. M. Th. Ignatius Marie, Kottayam

Africa

The Miracle of Running Water

"The biggest event in 1956 for Berekum was running water . . . that is, that one can turn a faucet and water actually comes out. Water works were completed in Berekum about a year and a half ago, and four centrally located taps were placed in the village. But it took a long time to lay pipes to the hospital. What a world of difference it makes for the hospital, you can well imagine."

Sr. M. de Montfort, R.N.

Mr. Nkwanta's Leg

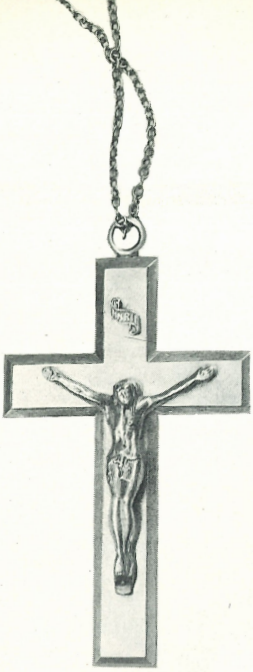
"We had to amputate Mr. Nkwanta's leg. It was past using. In the picturesque West African phrase, *it was spoiled*. So we took it off, and I decided that when I had time, I would try to fix him a wooden leg.

But somehow, I never found time. So Mr. Nkwanta just lay in bed in the hospital, getting stronger every day. Then I thought perhaps the carpenter could make him one. We showed him a picture of one in a book. Well, if *doctor would show him how,* he might be able to.

Next, day, Sr. M. Camillus got out a hammer and nails, searched the wood-pile, and in almost no time had knocked up a high serviceable wooden leg, made to measure, ready to wear!

Encouraged by the applause of his fellow sufferers, Mr. Nkwanta is learning to wear his peg-leg.

Dr. Stacpoole, Berekum.



RECEIVE, MY DEAR SISTER, THIS IMAGE OF THE CRUCIFIED, FOR THE DEFENSE OF YOUR OWN SOUL AND BODY, AND THAT FOLLOWING IN THE FOOTSTEPS OF CHRIST, YOU MAY ATTAIN ETERNAL HAPPINESS. THROUGH CHRIST OUR LORD. AMEN.

(Medical Mission Sisters' Vow Ceremony)

The missionary vocation is rooted
in the Mystery of the Cross.
It follows in the footsteps of Christ,
through death to life.
It is essentially a dying
that others may live,
a giving
that others may receive,
a loving
that others may know.
There is no greater love
than to lay down one's own life,
so that others may live
the abundant life of Christ.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... *Zone* ..... *State* .....

Sr. M. Aidan Quinlan, O.P.

SISTER— DOCTOR— MISSIONARY— to South Africa

Sr. M. Cuthbert

"Sister Aidan, your coolness is positively exasperating." This puzzled protest and involuntary compliment came from a fellow intern at Glen Grey Mission Hospital at Queenstown. He was not alone in his astonishment at this woman who was as charming as she was competent and as imperturbable as she was energetic.

There are many striking women in our age of speed and competition but few of them are completely feminine. It is good, then to find such a balanced and thoroughly womanly person where woman's place has been most insistently challenged, in the work of a mission doctor.

Elise Quinlan graduated from Cork University in 1937, at the age of 22 with a B. Sc. (Social Science). She had intended to take a diploma in education after this but abandoned the plan in order to enter the English postulate of the Dominican Sisters of King William's Town, South Africa. She received the habit and made her novitiate in her South African mission field.

Soon after profession, she and another Sister were sent to Witwatersrand University, Johannesburg, where they graduated as Doctors after six years of Medical School. In 1949, after a year at Glen Grey and some two years at Far East Rand Hospital in the Transvaal, Sister Aidan was entrusted with the delicate task of establishing a Clinic in Duncan Village, East London.

Duncan Village is a "Location", that is, one of the prescribed areas of the city where the Bantu workers may live, segregated from the "White" population by strictly enforced law. Conditions were squalid and the unhappy people restive and constantly on the verge of tribal fights and of race riots against the injustice of their position. During her short stay at the Clinic Sister Aidan never had a dull day nor an easy one. A never ending series of crises called for endless tact, charity, patience, and exceptional presence of mind.

Helped by one African nurse, she saw an average of 120 patients a day, attending not only to the accident and maternity cases, the epidemics, the knife wounds and other injuries from fights, but also to the many social and personal human problems that were brought every day for her counsel.

She was famous for a disarming and inextinguishable smile and for a calm common sense that never seemed to fail, however unexpected the emergency.

Sister Mary Aidan was surprisingly normal. What was spectacular in her life was what happened to her and not what she did. This is true even of her sudden death in 1952. Although she drove into the Location alone through a section where she was not known, she had no cause to suspect any unusual danger and seems to have been caught in the middle of a rioting mob before she realized how serious the situation was. Her car was held up, smashed, and finally she was burned in the overturned car. She must have been a true Dominican for when her charred body was rescued the finger bones were welded to her rosary by the heat of the flames. When it was realized who she was, she was mourned bitterly by White and Bantu alike.

South Africa owes much to Dominican missionaries, both Fathers and Sisters, and among them Sister Mary Aidan Quinlan, Sister, Doctor, Missionary, is one to whom all of us who are interested in medical and social work in mission countries can look especially for inspiration and intercession.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

Most Rev. Thomas E. Malloy, Brooklyn, N. Y.
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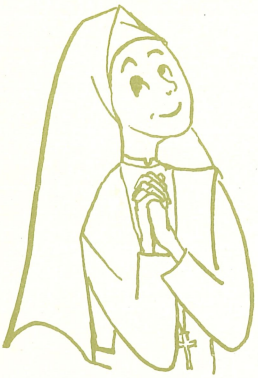

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Aspirins, Antibiotics, Vitamins
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For Pindi Operating Room $370.00

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For Holy Family Hospital, New Delhi $150.00

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For the doctors in Mandar, and a portable one for Techiman $50.00

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medical mission world

EGYPT'S FELLAHEEN

Of Egypt's 22,000,000 population, 17 million are fellaheen — almost all illiterate. They lead a primitive life of indescribable misery and poverty, huddled together with their animals in mud huts. Their way of life is the same as their ancestors of 3,000 years ago.

Pere Henry Ayrout, S.J., Apostle of the Nile Valley, has single-handedly, created along the Nile a chain of 81 dispensaries and free schools, "To teach, to nurse, to aid, and especially to love the **fellaheen** children." He is aided by volunteer teachers and nurses, **Responsables** from the Upper classes who volunteer their services.

St. Joseph's Magazine, Oct., 1956

DAINTY DRAGONS

A current WHO campaign in Iran is focused on a tiny snail which inhabits the rice paddies and irrigation ditches of the Orient. It is the intermediate host of the "little dragon", a threadlike worm 30-40 inches long which lives under the skin. More than 10 per cent of the unfortunate victims of this disease are fatal cases. Simply straining water through a cloth is sufficient protection against it.

WHO Newsletter

FIGHTING THE TSETSE FLY

More than three million acres of land in central Africa have been won back from the tsetse fly in the last ten years.

The fly — carrier of sleeping sickness — feeds on the blood of animals. The land has been reclaimed by killing the game in the area and thus starving the fly.

The cost of reclaiming works out at about 30 cents an acre. But the three million acres freed from the fly have given Uganda 800,000 more cattle — worth about 25 million dollars.

Phila. Inquirer Nov. '56

TO VICTIMS OF LEPROSY

The Holy Father spoke in April 1956, concerning some of the psychological and social aspects of leprosy: "As well as the healing of bodies and the difficult problems involved, it is necessary to tackle the psychological and social difficulties, in particular those connected with the hospitalization of the contagious cases who will be kept away from their families and occupations for several years. Separated as he is from society, does the patient not have at this time a more urgent need for moral and spiritual aid, for sympathy and encouragement? Especially when there is no longer any hope that he may recover, should he not nourish reasons for living and suffering which human doctrines are unable to give him? Precisely because leprosy requires prolonged treatment, causes at times distressing deformations and disabilities, and also because it still inspires unjustified repulsion and fear, the patient needs all his spiritual resources, he wants to understand the meaning of the trial which has smitten him and to bear it not with cold stoicism or blind resignation but with generous courage, the secret of which lies only in a sound religious belief."

(Continued from Page 7)

ployer. If he goes without it, he will land in prison. If he has no work he must get a pass from the Post Office saying he is looking for work. There are many other discriminating laws and regulations.

What is the future for the beautiful land of South Africa? How will its Afrikaners, its Africans, its English speaking people, its Indians, its Colored, learn to live together? With so many people and forces of civilization involved, it cannot remain static. Perhaps it will take a few decades, but this young promising nation of South Africa will in its turn be called upon to play its part in the drama of equalization of this twentieth century in which "the Stage is now set, so that one can hope that the legitimate aspirations for human dignity and human rights are attainable for all". (Mother Anna Dengel)

(Continued from Page 16)

themselves, with enthusiasm, but of course every African likes to sing.

Then their work keeps them busy and the classes and studies too, as they are not very quick and everything is new. Our first four orderlies to pass the exam were a mixed bag of tribes. Daniel was a Mosuto, Sidwell a Bacca, Simon a Fingo, and Amos was from Portuguese East Africa. This is one of the reasons the mine exams are held in English, which adds to the problem of teaching, depending on how well they know the language.

And so you can see that although most of our day is spent nursing the sick, Medical Mission work here involves a great deal of looking after the *well* members of our staff by giving them Christian ideals and facilities for healthy recreations, "that not being led into temptation they may be kept from evil!"

"In an age of the world when the most profound conflict of mankind is the one which sets social classes in opposition, the Church is called on for a manifestation of Charity which surpasses all class spirit. That is divine. The effort of the missionary will therefore not be to be inserted into one class as against another, but to enter into a solidarity of life with a new social milieu, in order to call it to a community of charity which goes beyond all social categories and unites them in Christ. That is not easy. It is impossible without grace. Grace is needed so that the message of Charity may be borne. Grace is needed for it to be accepted. For there can be no entering the Church without conversion. And neither are we able to bear the message of the Church without being converted unceasingly to the Spirit of Christ.

Lochet — Son of the Church.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

focus on: the CHURCH

Sr. M. Richard

Mention the word *Church* to most Catholics and they think of St. Mary's on the corner of First and Main, fish on Friday, or possibly dear old Father Murphy. Whatever they think, it is usually correct, as far as it goes, there just isn't enough of it.

Mention the word *world* and it brings to mind a globe, a geography course or perhaps white, black, and brown-skinned peoples. Say *family* and thoughts jump to Mom, Pop, and the children. Use the word *missions* and it conjures up images of sick, starving, poor people, preferably babies; tropical palms; or maybe Bishop Fulton J. Sheen. Mention *missionaries* and the mental picture is composed of muddy men trudging through the Bush, holy water in hand, Sisters bending over leprosy patients, or Brothers building tiny chapels on the edge of nowhere.

In this issue of *The Medical Missionary* and in succeeding ones we shall try to focus our attention on these key words, see their relationship to one another and suggest the importance of the message they bring before us.

How solemnly we say in the Apostles' Creed: "I believe in the Holy Catholic Church." How inadequate is our comprehension of the meaning of this phrase. Some people see in the Church only the means to fulfill a tiresome Sunday obligation. Others look upon the Church as a task-master, the legislator of marriage, the exponent of the Middle-Age-Era, or the embodiment of might and right.

Like the men of Galilee who looked at Christ and saw only man, we are inclined to look at the Church and see only buildings, visible hierarchy, people in pews, and statues in niches. We forget the reality of what we cannot see, the dynamic, sanctifying Life by which we live and grow and fulfill the purpose for which we were created.

This is the mystery of the Catholic Church, that unlike all other religions, She is not a system but a Person, the Mystical Body of Jesus Christ. We do not belong to the Catholic Church as to an organization. We are not *in* the Church as we are *in* the world. We are *of* the Church, the very stuff of which She is made. We, the baptized, together with our Head, Jesus Christ, *we* are the Church.

The Son of God was born the child of Mary at a particular time, in a particular place. This is historic fact, definite, and fixed forever. Yet Christ came not merely for the few in Judea who were able to see and hear and touch the Son of God. He became man to save all men. He was born for the world.

Christ comes to the world through His Church. It is through His Mystical Body, the Church, that Christ is continually being born in an ever fuller measure, extends Himself to all places in all ages. The Church is Christ living, loving, reaching down through the ages to bring men salvation; reaching up to eternity to give to God mankind's praise and adoration.

The world and all its inhabitants need the Church to attain redemption. The Church, in turn, needs the world for Her completion, Her total offering to the Father.

Christ did not exclude anyone, any time, or any place from His redeeming love, so the Church which is His Mystical Body cannot exclude any country, any culture, any race. The Church must be universal. This is why She has missions. Missions are the Church reaching out to embrace the world, to communicate the Divine life to all ages and all countries.

Mrs. Edward Froehlich
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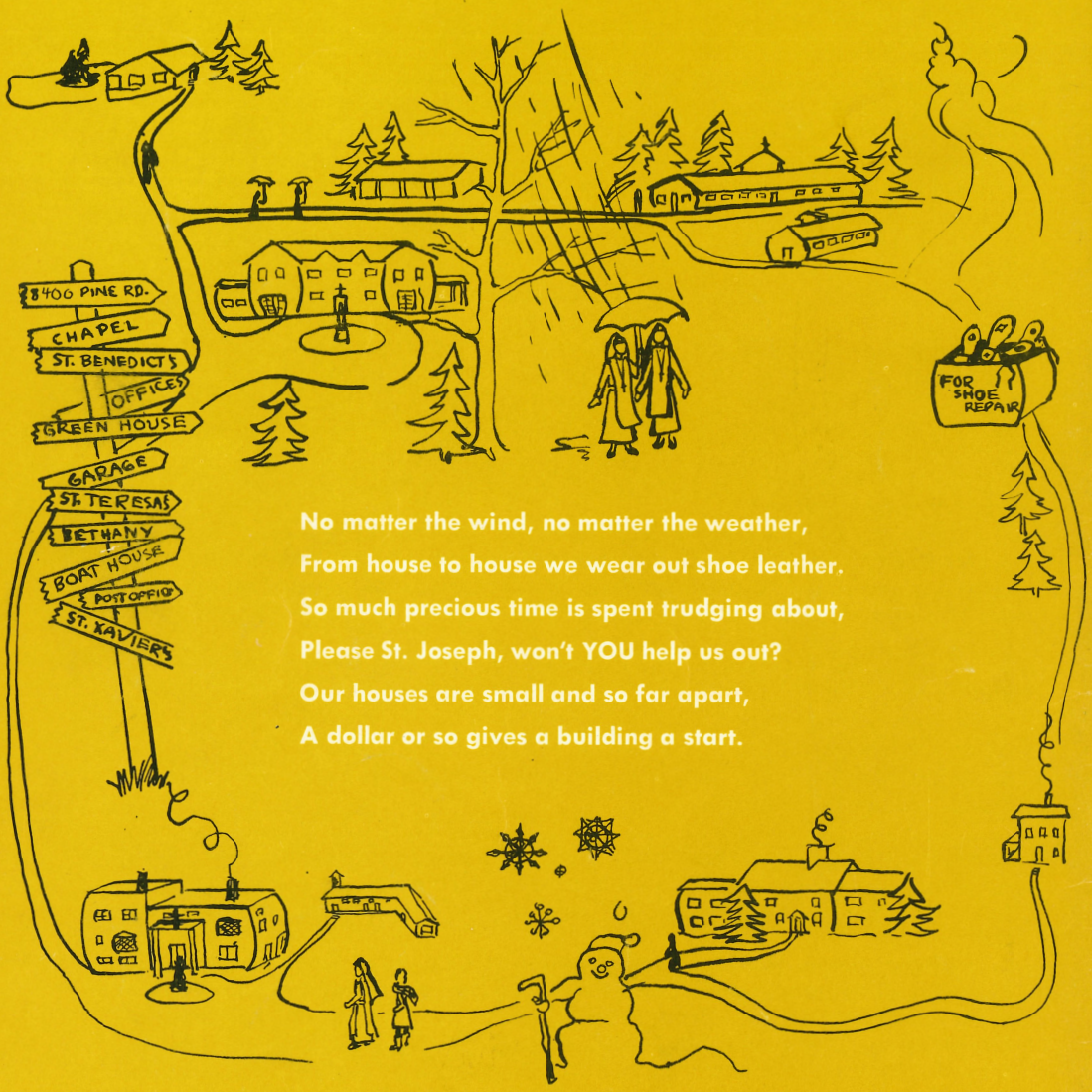
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